

AUTO CR - LOG SUMMARY #1072090

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the Involved Member deployed his Taser toward the Subject who became combative while being escorted to the ambulance for treatment for a drug overdose and then continued to struggle with the witness officers once on the ground following an emergency takedown.	(None Entered)		

Reporting Party Information

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee Reporting Party Third Party	MARTIN, STEVEN W			010 /	SERGEANT OF POLICE	M	BLK		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
18-OCT-2014 04:33 - 18-OCT-2014 04:33		1032	010	303 - SIDEWALK	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
NON-CPD Victim/Subject						M	WWH		
CPD Employee Involved Member	TEGTMEIER, MATTHEW E	6704		010 /	POLICE OFFICER	M	WHI		
CPD Employee Witness	VAZQUEZ, DANIEL	11852		010 /	POLICE OFFICER	M	WWH		
CPD Employee Witness	VALDOVINOS, JOSE F	11820		010 /	POLICE OFFICER	M	S		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
Reporting Party Third Party	MARTIN, STEVEN W		NO RELATIONSHIP
Reporting Party Third Party	MARTIN, STEVEN W	TEGTMEIER, MATTHEW E	CO-WORKER
Reporting Party Third Party	MARTIN, STEVEN W	VALDOVINOS, JOSE F	NO RELATIONSHIP
Reporting Party Third Party	MARTIN, STEVEN W	VAZQUEZ, DANIEL	NO RELATIONSHIP

Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE		N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
KOBEL, DANIEL	Primary	RAPID RESPONSE	10-NOV-2014	08-FEB-2015	01-JAN-2015	52
ROBERTS, GEORGE	Supervisor	RAPID RESPONSE	02-NOV-2014	31-JAN-2015	01-JAN-2015	

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	03-FEB-2015 02:42	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	03-FEB-2015 02:41	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING C.O.P.A. COORDINATOR REVIEW	29-JAN-2015 09:44	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	01-JAN-2015 06:17	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PENDING INVESTIGATION	10-NOV-2014 11:04	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING ASSIGN INVESTIGATOR	02-NOV-2014 04:12	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	20-OCT-2014 08:55	MARZULLO, DAVID	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	19-OCT-2014 10:02	GOODWIN, JEANNE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	19-OCT-2014 09:51	GOODWIN, JEANNE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	18-OCT-2014 01:26	JACKSON, TYRONE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	18-OCT-2014 01:25	JACKSON, TYRONE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	18-OCT-2014 06:21	ROBINSON, JAMES	POLICE OFFICER	116 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					ROBINSON, JAMES	18-OCT-2014 06:21			
1	INVESTIGATION					KOBEL, DANIEL	12-NOV-2014 09:20			
2	CONFLICT CERTIFICATION					ROBERTS, GEORGE	10-NOV-2014 11:04			
3	CONFLICT CERTIFICATION					KOBEL, DANIEL	30-DEC-2014 07:13			
	RELATED - TACTICAL RESPONSE REPORT			RD [REDACTED] - Event No. [REDACTED] CB No.		KOBEL, DANIEL	01-JAN-2015 06:16			

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
	DOCUMENTS - INTAKE INCIDENT		2	TRR P.O. Matthew Tegtmeir	N	JACKSON, TYRONE	18-OCT-2014 01:25	APPROVED		
	DOCUMENTS - INVESTIGATION		1		N	KOBEL, DANIEL	01-JAN-2015 06:13	APPROVED		
	RELATED - TACTICAL RESPONSE REPORT			RD [REDACTED] - Event No. [REDACTED] CB No.		KOBEL, DANIEL	01-JAN-2015 06:17			
	DOCUMENTS - INTAKE INCIDENT		1	Taser prong inventory	N	JACKSON, TYRONE	18-OCT-2014 01:19	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Vazquez #11852	N	GOODWIN, JEANNE	19-OCT-2014 09:40	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		2	PO Valdovinos #11820	N	GOODWIN, JEANNE	19-OCT-2014 09:42	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1	Taser download	N	JACKSON, TYRONE	18-OCT-2014 01:21	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	JACKSON, TYRONE	18-OCT-2014 01:22	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
INVESTIGATIVE SUPERVISOR REVIEW		SUBMITTED	DEAN, BRUCE	SUPERVISING INV COPA	113	29-JAN-2015 09:44	

Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 18-OCT-2014) - LOG #1072090

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	MARTIN, STEVEN W			010 /	SERGEANT OF POLICE	M	BLK		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
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Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	RAPID RESPONSE	KOBEL, DANIEL (PRIMARY INV)	10-NOV-2014 11:04	ROBERTS, GEORGE	
IPRA	RAPID RESPONSE	ROBERTS, GEORGE (SUPERVISOR)	02-NOV-2014 16:12	WEEDEN, WILLIAM	
IPRA	RAPID RESPONSE	-	02-NOV-2014 16:12	WEEDEN, WILLIAM	
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	18-OCT-2014 06:21	ROBINSON, JAMES	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
CLOSED AT C.O.P.A.	03-FEB-2015 02:42	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
ADMINISTRATIVELY CLOSED	03-FEB-2015 02:41	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING C.O.P.A. COORDINATOR REVIEW	29-JAN-2015 09:44	DEAN, BRUCE	SUPERVISING INV COPA	113 /	
PENDING INVESTIGATIVE REVIEW	01-JAN-2015 06:17	KOBEL, DANIEL	INVESTIGATOR I COPA	113 /	
PENDING INVESTIGATION	10-NOV-2014 11:04	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	

Status History

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PENDING ASSIGN INVESTIGATOR	02-NOV-2014 04:12	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	20-OCT-2014 08:55	MARZULLO, DAVID	SUPERVISING INV COPA	113 /	
PENDING SUPERVISOR REVIEW	19-OCT-2014 10:02	GOODWIN, JEANNE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	19-OCT-2014 09:51	GOODWIN, JEANNE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	18-OCT-2014 01:26	JACKSON, TYRONE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	18-OCT-2014 01:25	JACKSON, TYRONE	INVESTIGATOR 2 COPA	113 /	
PRELIMINARY	18-OCT-2014 06:21	ROBINSON, JAMES	POLICE OFFICER	116 /	

PROPERTY INVENTORY NO. [REDACTED]
CHICAGO POLICE DEPARTMENT
CPD-34.523 (REV. 10/09)

PKG
NO.
RD

UNIT
010

INVENTORY NO.

WARRANT NO.

DATE RECOVERED

18-OCT-2014

ITEM ID QUANTITY

DESCRIPTION OF PROPERTY

2

OTHER: TAZER CARTRIDGES W/PRONGS

COMMENTS:

MY SIGNATURE HEREON ACKNOWLEDGES
RECEIVING ALL PROPERTY DESCRIBED
IN THIS INVENTORY

RECIPIENT'S SIGNATURE

ADDRESS - STREET

CITY STATE ZIP

DATE RECEIVED

OFFICER'S SIGNATURE - STAR - UNIT

WATCH COMMANDER'S APPROVAL SIGNATURE
(EXEMPT RANK REQUIRED FOR FIREARMS)

COURT ORDER - DISPOSAL INSTRUCTIONS

EVIDENCE & RECOVERED PROPERTY SECTION USE ONLY

\$ DEPOSITED AMT

\$ INVENTORY AMT

Court Date

Court Branch

CURRENCY:

UCR: 5080 NON-CRIMINAL OTHER NON-CRIMINAL PERSONS

CHARGE TYPE:

STATE CHARGES:

RECOVERED/SEIZED FROM - NAME TEGTMEIER, MATTHEW

AT 3401 W 31ST ST
CHICAGO, IL 60623

BEAT OF RECOVERY
1032

☐ DECEASED ☐ ARRESTED

OWNER'S NAME CITY OF CHICAGO,

ADDRESS

TELEPHONE NO.

JUDGE

CT. BR.

FOUND BY - NAME TEGTMEIER, MATTHEW Star: 6704

ADDRESS

TELEPHONE NO.

OFFICER'S SIGNATURE - STAR UNIT

☒ CHECK IF
C.P.D.

C
H
E
C
K

O
N
E

PROPERTY FOR RETURN TO OWNER

☒ HOLD FOR INVESTIGATION
AND/OR EVIDENCE
(IF NOT NEEDED FOR INVESTIGATION/EVIDENCE, LEAVE BLANK)

INVESTIGATING OFFICER -
TEGTMEIER, MATTHEW

STAR NO.
6704

UNIT
010

1st OFFICER'S NAME
TEGTMEIER, MATTHEW

STAR NO.
6704

E & R P.S. USE ONLY

☐ PROPERTY AVAILABLE FOR RETURN TO
OWNER

SIGNATURE
Electronic Approval

UNIT
010

☐ TO BE DISPOSED OF BY CUSTODIAN (NOT TO BE RETURNED)
(THIS APPLIES IF PROPERTY IS NOT EVIDENCE, NOT RETURNABLE AND/OR OWNER IS UNKNOWN)

2nd OFFICER'S NAME

STAR NO.

SIGNATURE
Electronic Approval

UNIT

INITIAL DESTINATION OF PROPERTY -
ERPS

VIA ☒ POLICE MAIL
E & R P.S. PICKUP

RECOVERING UNIT PERSONNEL
EVID. LAB TECHNICIAN

APPROVING DESK SERGEANT
ALVAREZ, JESSE

STAR NO.
1971

DATE
18-OCT-2014

TIME
05:35

Created by

COPY 1 - KEEP WITH PROPERTY

Printed by 18-OCT-2014 05:35

CPD 0329213

To: 63592

From: (312747509)

10/18/14 07:00 AM

Page 5 of 5

EVIDENCE SYNC^{OFFLINE}

DEVICE REPORT

ECD Information

Model #: TASER_ECD_X2

Serial #: X30001H1A

Firmware Version: FWBundle Rev. 03.045

Device Health: Good

Offline Report

Date:

18 Oct 2014 05:08:56

Local Timezone:

Central Standard Time (UTC -5:00)

Event Log

GMT Time	Local Time	Event	Cartridge Info	Duration	Temp	Batt%
10/18/2014 02:21:09	10/17/2014 21:21:09	Armed	C1: 25' Standard C2: 25' Standard		27°C 27°C	39% 39%
10/18/2014 02:21:10	10/17/2014 21:21:10	Arc	C1: 25' Standard C2: 25' Standard	1s 1s		39% 39%
10/18/2014 02:21:11	10/17/2014 21:21:11	Safe	C1: 25' Standard C2: 25' Standard	2s 2s	27°C 27°C	39% 39%
10/18/2014 09:34:00	10/18/2014 04:34:00	Armed	C1: 25' Standard C2: 25' Standard		28°C 28°C	39% 39%
10/18/2014 09:34:00	10/18/2014 04:34:00	Trigger	C1: Deployed	5s		39% 38%
10/18/2014 09:34:01	10/18/2014 04:34:01	Trigger	C2: Deployed	6s		39% 39%
10/18/2014 09:34:03	10/18/2014 04:34:03	Trigger	C2: Deployed	7s		39% 39%
10/18/2014 09:34:15	10/18/2014 04:34:15	Trigger	C2: Deployed	6s		39% 39%
10/18/2014 09:34:18	10/18/2014 04:34:18	Arc	C1: Deployed C2: Deployed	3s 3s		39% 39%
10/18/2014 09:34:24	10/18/2014 04:34:24	Arc	C1: Deployed C2: Deployed	4s 4s		38% 38%
10/18/2014 09:34:39	10/18/2014 04:34:39	Arc	C1: Deployed C2: Deployed	1s 1s		38% 38%
10/18/2014 09:34:42	10/18/2014 04:34:42	Arc	C1: Deployed C2: Deployed	1s 1s		38% 38%
10/18/2014 09:34:43	10/18/2014 04:34:43	Arc	C1: Deployed C2: Deployed	1s 1s		38% 38%
10/18/2014 09:34:44	10/18/2014 04:34:44	Arc	C1: Deployed C2: Deployed	1s 1s		38% 38%
10/18/2014 09:35:22	10/18/2014 04:35:22	Safe	C1: Deployed C2: Deployed	1m 22s 1m 22s	32°C 32°C	38% 38%
10/18/2014 10:02:11	10/18/2014 05:02:11	Armed	C1: Empty C2: Empty		23°C 23°C	38% 38%
10/18/2014 10:02:12	10/18/2014 05:02:12	Arc	C1: Empty C2: Empty	1s 1s		38% 38%
10/18/2014 10:02:13	10/18/2014 05:02:13	Safe	C1: Empty C2: Empty	2s 2s	23°C 23°C	38% 38%
10/18/2014 10:05:15	10/18/2014 05:05:15	USB Connected	C1: Invalid Cart. Type C2: Invalid Cart. Type		24°C 24°C	0% 0%
10/18/2014 10:05:41	10/18/2014 05:05:41	Time Sync	10/18/2014 05:05:41 to 10/18/2014 05:05:24			
10/18/2014 10:08:18	10/18/2014 05:08:18	Time Sync	10/18/2014 05:08:18 to 10/18/2014 05:08:18			

**CHICAGO POLICE DEPARTMENT
ORIGINAL CASE INCIDENT REPORT**

3510 S. Michigan Avenue, Chicago, Illinois 60653
(For use by Chicago Police Department Personnel Only)
CPD-11.3Aa(5/03)-C

RD #

Case ID:

EVENT

INCIDENT	APPROVAL COMPLETE		
	IUCR: 5080 - Non-Criminal - Other Non-Criminal Persons		
	Occurrence Location: 303 - Sidewalk	Beat: 1032	Unit Assigned: 1032R
	Occurrence Date: 18 October 2014 04:34		RO Arrival Date: 18 October 2014 04:34

NON-OFFENDER(S)	VICTIM - Individual		
	Name: [REDACTED] Res: [REDACTED] Sobriety: Intoxicated CPD Officer: No	Beat: 3100	Demographics Male White Hispanic 5'10, 200 lbs Brown Eyes Black Hair Unknown Hair Style Medium Complexion

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

NARRATIVES	<p>EVENT [REDACTED] IN SUMMARY; R/O'S RESPONDED TO A OEMC CALL OF A OVERDOSE AT [REDACTED] ONCE ON SCENE R/O'S WERE INFORMED BY UNKNOWN FEMALE HISPANIC THAT HER FRIEND WAS NOT FEELING GOOD. SHE FURTHER RELATED THAT HE HAD BEEN DRINKING AND USING DRUGS. AS [REDACTED] (VICTIM) WALKED OUT TO BE CHECKED OUT BY CFD AMBULANCE # 67, HE BEGAN TO ACT ERRATICALLY, WAS SWEATING PROFUSELY, AND WAS NOT BEING RESPONSIVE WHEN ASKED QUESTIONS. [REDACTED] THEN BEGAN TO GROWL, MUMBLE UNKNOWN WORDS AND SOUNDS, AND FOAM AT THE MOUTH. CFD AMBULANCE # 67 PARAMEDIC J. COLE, AND PARAMEDIC A. MALLOW INFORMED R/O'S THAT THEY COULD NOT LEAVE HIM ON SCENE AND THAT HE WOULD HAVE TO BE TRANSPORTED TO THE HOSPITAL FOR TREATMENT. AS R/O'S APPROACHED [REDACTED] (VICTIM) TO ESCORT HIM INTO THE AMBULANCE HE STIFFENED UP AND BEGAN TO PULL AWAY. R/O VALDOVINOS #11820 AND R/O VAZQUEZ #11852 IMMEDIATELY CONDUCTED A EMERGENCY TAKE DOWN. ONCE ON THE GROUND [REDACTED] (VICTIM) BEGAN TO PULL AWAY, KICK, AND REFUSED TO FOLLOW VERBAL COMMANDS. R/O TEGTMEIER #6704 DEPLOYED HIS TAZER FOR OFFICER SAFETY. THE TAZER WAS INEFFECTIVE, AND [REDACTED] (VICTIM) CONTINUED TO BE COMBATIVE. R/O'S RADIOED FOR ADDITIONAL ASSISTANCE AND WERE ABLE TO GAIN CONTROL AND ESCORT JULIO RUBIO (VICTIM) INTO THE AMBULANCE. CFD AMBULANCE # 67 RELOCATED [REDACTED] (VICTIM) TO [REDACTED] FOR TREATMENT. DURING TRANSPORT TO HOSPITAL [REDACTED] (VICTIM) CONTINUED TO BE COMBATIVE AND MUMBLE UNKNOWN SOUNDS. [REDACTED] (VICTIM) BEGAN TO SPIT AND PARAMEDIC HAD TO HOLD A TOWEL OVER HIS MOUTH TO PREVENT ANY BLOOD CONTAMINATION TO PERSONAL. PER DR. KHATOON [REDACTED] (VICTIM) IS IN STABLE CONDITION AND RECEIVING TREATMENT AT TIME OF REPORT. [REDACTED] (VICTIM) IS SUSPECTED OF BEING UNDER THE INFLUENCE OF ALCOHOL AND UNKNOWN SUBSTANCE. THE WERE COMPLETED.</p> <p>- STAR#: 11852 NAME: DANIEL VAZQUEZ BEAT: 1032R</p>
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PERSONNEL	Star No	Emp No	Name	User	Date	Unit	Beat
	Reporting Officer	11820	VALDOVINOS, Jose, F	[REDACTED]	18 Oct 2014 06:22	010	1032R

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1. DATE OF INCIDENT 18-OCT-2014		TIME 04:33:00		2. ADDRESS OF OCCURRENCE [REDACTED]		3. LOCATION CODE 303		4. UCLAT/OCCUR 1032		
	5. POSITION 9181		6. LAST NAME TEGMEIER		7. FIRST NAME MATTHEW E		8. STAR NO. 6704		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F WHI		
SUBJECT INFORMATION	10. RACE CODE WHI		11. AGE 602		12. HT 190		13. WT 190				
	14. DATE OF APPT 09-JUL-2007		15. EMPLOYEE ID [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 010 1031R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
REASON FOR USE OF FORCE (Check all that apply)	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F WWH		
	24. RACE WWH		25. D.O.B. [REDACTED]		26. HT 510		27. WT 200				
WEAPON DISCHARGE INCIDENT	28. ADDRESS 80549		29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		34. BY WHOM? [REDACTED]		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid		36. CHARGES PLACED [REDACTED]		37. CB NO. [REDACTED]		
CASE INFO.	38. DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		39. STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		40. OTHER [REDACTED]		41. FLED <input type="checkbox"/>		42. PULLED AWAY <input checked="" type="checkbox"/>		
	43. OTHER [REDACTED]		44. IMMEDIATE THREAT OF BATTERY <input type="checkbox"/>		45. OTHER [REDACTED]		46. ATTACK WITH WEAPON <input type="checkbox"/>		47. ATTACK WITHOUT WEAPON <input type="checkbox"/>		
SIGNATURES	48. MEMBER PRESENCE <input checked="" type="checkbox"/>		49. VERBAL COMMANDS <input checked="" type="checkbox"/>		50. ESCORT HOLDS <input checked="" type="checkbox"/>		51. WRISTLOCK <input type="checkbox"/>		52. ARMED <input type="checkbox"/>		
	53. PRESSURE SENSITIVE AREAS <input type="checkbox"/>		54. CONTROL INSTRUMENT <input type="checkbox"/>		55. OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>		56. OTHER [REDACTED]		57. OTHER [REDACTED]		
39. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]		40. ADDITIONAL INFORMATION MULTIPLE TRIGGER PULLS AND CYCLES WITHIN SECONDS TIME. ALL ATTEMPTS YIELDED INEFFECTIVE CONTACT WITH SUBJECT AND INEFFECTIVE CONTROL. PRONG WIRES WERE CUT AFTER THESE ATTEMPTS.		41. POSITION [REDACTED]		42. STAR NO. [REDACTED]		43. UNIT [REDACTED]		44. WEATHER CONDITIONS CLEAR	
45. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		46. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		47. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		48. MAKE/MANUFACTURER [REDACTED]		49. MOORI [REDACTED]		50. BARREL LENGTH [REDACTED]	
51. TASER PART ID NO. C82004XVH, 1ANA		52. WEAPON SERIAL No. (Includes Letters) X30001H1A		53. CHICAGO GUN REG. NO. [REDACTED]		54. IL FIREARM OWNER ID NO. [REDACTED]		55. HANDGUN CERTIFICATE NO. [REDACTED]		56. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	
57. PROPERTY INVENTORY NO. [REDACTED]		58. TYPE OF AMMUNITION USED [REDACTED]		59. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 1		60. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]		61. WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		62. WAS FIREARM RELOADED DURING INCIDENT? <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify) [REDACTED]		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD [REDACTED]		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT		67. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		68. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (Specify) [REDACTED]	
69. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input checked="" type="checkbox"/> CPIC		70. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR. & OCIC <input type="checkbox"/> CPIC		71. DET. DIV. [REDACTED]		72. MEMBERS WILL ENSURE THAT ALL REQUIRED NOTIFICATIONS AND ALL WITNESSES TO THIS USE OF FORCE ARE DOCUMENTED IN THE APPROPRIATE CASE REPORT.		73. REPORTING MEMBER (Print Name) TEGMEIER, MATTHEW E		74. STAR/EMPLOYEE NO. 6704	
75. REVIEWING SUPERVISOR (Print Name) MARTIN, STEVEN W		76. STAR NO. 1010		77. SIGNATURE [REDACTED]		78. DATE REVIEWED 18-OCT-2014 06:39:49		79. TIME [REDACTED]		80. SIGNATURE [REDACTED]	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HEREIN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE☐ DNA☐ REFUSED☒ UNABLE TO INTERVIEW (Specify Reason)

Subject transported to St. Anthony's hospital for treatment.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Officers were assisting and escorting the subject to CFD ambulance for transport and the subject was pulling away from officers and resisting. Officer Tegmeier then observed the subject attempt to reach for officer Vazquez's firearm and deployed Taser. CPIC Cortez 16868 notified of deployment and issued listed log number.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NUMBER 1072080 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

DUBIEL, ROBERT H

SIGNATURE

DATE COMPLETED TIME

18-OCT-2014 06:48:33

79. DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT
☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ OR INFORMATION REPORT

80. TOTAL TRR'S THIS EVENT No

1

ACTUAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 18-OCT-2014		TIME 04:34:00		2. ADDRESS OF OCCURRENCE				3. LOCATION CODE 303		4. BEAT/OCCUR 1032													
5. POSITION 9161		6. LAST NAME VAZQUEZ		7. FIRST NAME DANIEL		8. STAR NO. 11852		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WWH		11. AGE		12. HT.		13. WT.							
14. DATE OF APPT. 16-APR-2010		15. EMPLOYEE NO.		16. UNIT & BEAT OF ASSIGNMENT 010 1032R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No													
20. LAST NAME				21. FIRST NAME				22. M.I. A		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B.		26. HT. 510		27. WT. 200					
				28. ONE NO.				30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No							
33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM?				35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid															
36. CHARGES PLACED								37. CB NO.				IR NO.											
8. SUBJECT'S ACTIONS (Check all that apply)		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE													
		DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>													
		STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>													
MEMBER'S RESPONSE		MEMBER PRESENCE <input checked="" type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>													
		VERBAL COMMANDS <input checked="" type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____													
		ESCORT HOLDS <input checked="" type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>															
		WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>																			
		ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																			
		PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																			
		CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																			
		OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																			
		OTHER _____		OTHER _____																			
9. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION																			
POSITION				STAR NO.				UNIT															
41. WEAPON TYPE				42. INCIDENT OCCURRED				43. LIGHTING CONDITIONS				44. WEATHER CONDITIONS											
<input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 04 SEMI-AUTO PISTOL				<input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				<input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 06 Good Artificial				CLEAR											
<input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 05 CHEMICAL WEAPON																							
<input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 06 TASER (Probe Discharge)																							
<input type="checkbox"/> 07 OTHER																							
45. MAKE/MANUFACTURER				46. MODEL				47. BARREL LENGTH				48. CALIBER/GAUGE											
49. TASER DART ID NO.				50. WEAPON SERIAL No. (Include Letters)				51. CHICAGO GUN REG. NO.				52. IL FIREARM OWNER ID. NO.											
53. HANDGUN CERTIFICATE NO.																							
54. SPECIAL WEAPON CERTIFICATE NO.				55. PROPERTY INVENTORY NO.				56. TYPE OF AMMUNITION USED				57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.											
58. TOTAL NO. OF SHOTS MEMBER FIRED																							
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (SPECIFY)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				61. NO. OF CATDRIDGES/ SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify)											
<input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER												<input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)											
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify)				64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO															
<input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW																							
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)				67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED																			
				<input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.																			
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON				69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN																			
<input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				<input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																			
70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC				71. R.D. NO.																			
NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.																							
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.																							
73. REPORTING MEMBER (Print Name) VAZQUEZ, DANIEL 18-OCT-2014 05:42:31				STAR/EMPLOYEE NO. 11852				SIGNATURE															
74. REVIEWING SUPERVISOR (Print Name) MARTIN, STEVEN W				STAR NO. 1010				DATE REVIEWED 18-OCT-2014 05:47:43				TIME											

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject transported to [REDACTED] for treatment.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Officer assisting CFD Ambulance crew escorting uncooperative subject into ambulance when the subject is observed reaching for Officer Vasquez's firearm
Officer Tegtmeier deployed Taser.
CPIC Cortez 15868 notified of deployment listed log number issued.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072090 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

DUBIEL, ROBERT H

SIGNATURE

[REDACTED]

DATE COMPLETED TIME

18-OCT-2014 07:09:54

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELDW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

3

ACTICAL RESPONSE REPORT/Chicago Police Department

INVOLVED	1. DATE OF INCIDENT 18-OCT-2014		TIME 04:34:00		2. ADDRESS OF OCCURRENCE			3. LOCATION CODE 303		4. BEAT/OCCUR 1032								
	5. POSITION 9161		6. LAST NAME VALDOVINOS		7. FIRST NAME JOSE F		8. STAR NO. 11820		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE S		11. AGE [REDACTED]		12. HT. 505		13. WT. 175	
	14. DATE OF APPT. 28-JUL-2008		15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 010 1032R		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20. LAST NAME [REDACTED]		21. FIRST NAME [REDACTED]		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH		25. D.O.B. [REDACTED]		26. HT. 510		27. WT. 200			
INFORMATION	28. ONE NO.		29. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		30. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		31. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No											
	32. WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]		33. BY WHOM? [REDACTED]		34. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
	35. CHARGES PLACED [REDACTED]		36. DNA <input type="checkbox"/> DNA		37. CB NO.		IR NO.		<input type="checkbox"/> DNA									
SUBJECTS ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT: ASSAULT		ASSAILANT: BATTERY		ASSAILANT: DEADLY FORCE									
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER _____		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____									
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____									
	9. * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)		40. ADDITIONAL INFORMATION															
WEAPON DISCHARGE INCIDENT	POSITION		STAR NO.		UNIT													
	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 08 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors		43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44. WEATHER CONDITIONS CLEAR											
	45. MAKE/MANUFACTURER		46. MODEL		47. BARREL LENGTH		48. CALIBER/GAUGE											
	49. TASER DART ID NO.		50. WEAPON SERIAL No. (Include Letters)		51. CHICAGO GUN REG. NO.		52. IL FIREARM OWNER ID. NO.		53. HANDGUN CERTIFICATE NO.									
	54. SPECIAL WEAPON CERTIFICATE NO.		55. PROPERTY INVENTORY NO.		56. TYPE OF AMMUNITION USED		57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.		58. TOTAL NO. OF SHOTS MEMBER FIRED									
	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/ SHOT SHELLS RELOADED		62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)											
	63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO													
	66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
	68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
	INFO.	NOTIFICATIONS (OC OR TASER INCIDENT): NOTIFICATIONS (FIREARM INCIDENT): Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.		<input type="checkbox"/> OEMC <input type="checkbox"/> DSS & LT./DIST. OF OCCUR. <input type="checkbox"/> CPIC <input type="checkbox"/> DET. DIV.														
73. REPORTING MEMBER (Print Name) VALDOVINOS, JOSE F 18-OCT-2014 05:42:23		STAR/EMPLOYEE NO. 11820		SIGNATURE [REDACTED]														
SIGNATURE ONLY	74. REVIEWING SUPERVISOR (Print Name) MARTIN, STEVEN W		STAR NO. 1010		SIGNATURE [REDACTED]		DATE REVIEWED 18-OCT-2014 05:47:33		TIME									
	11 377 (REV. 10/07)																	

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Subject transported to St Anthoys Hospital for treatment.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Officer assiting CFD Ambulance crew escorting uncooperative subject into ambulance when the subject is observed reaching for Officer Vasquezs firearm
Officer Tegtmeier deployed Taser.
CPIC Cortez 15868 notified of deployment listed log number issued.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. 1072090 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

DUBIEL, ROBERT H

SIGNATURE

DATE COMPLETED

TIME

18-OCT-2014 07:07:31

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE INDEPENDENT POLICE REVIEW AUTHORITY.

ATTACHMENTS - PHOTOCOPIES OF:

☐ SUPPLEMENTARY REPORT

☐ I.O.D. REPORT

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

80. TOTAL TRR's THIS EVENT No.

3

INDEPENDENT POLICE REVIEW AUTHORITY

30 December 2014
Log # 1072090

TO: Chief Administrator
Independent Police Review Authority

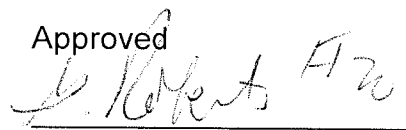
FROM: Investigator Daniel Kobel, #136

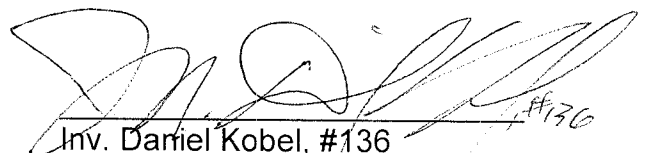
SUBJECT: Attempt to Contact Subject (Enhanced Taser Program)

On 30 December 2014, the R/I reviewed documents related to the Non-Criminal
[REDACTED] to gather more information regarding a taser
deployment incident in which he was involved. The R/I met with the following results:

- ☒ Unable to contact due to no address or telephone contact number provided on departmental reports.
- ☐ Spoke with __ (Subject/Detainee) _____ who made no allegations of excessive force.
- ☐ Spoke with (Witness or Caretaker) _____ who made no allegations of excessive force relative to this incident
- ☐ Westlaw search of (Subject/Detainee) failed to produce a valid address or contact number.
- ☐ Other

Approved


IPRA Supervisor


Inv. Daniel Kobel, #136

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Attachment #